UNITED STATES DISTRICT COURT

| ONITEDSTA | for the |
|---|---|
| | District of |
| Plaintiff(s) V. |)))) (Civil Action No.))) |
| Defendant(s) |) |
| SUMMO | ONS IN A CIVIL ACTION |
| To: (Defendant's name and address) | |
| A lawsuit has been filed against you. | |
| are the United States or a United States agency, or P. 12 (a)(2) or (3) — you must serve on the plainting | ons on you (not counting the day you received it) — or 60 days if you an officer or employee of the United States described in Fed. R. Civ. iff an answer to the attached complaint or a motion under Rule 12 of or motion must be served on the plaintiff or plaintiff's attorney, |
| If you fail to respond, judgment by default You also must file your answer or motion with the | t will be entered against you for the relief demanded in the complaint. |
| Date: 3/29/16 | CLERK OF COURT Danid A. O' Prole Signature of Clerk or Deputy Clerk |

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Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| | This summons for (nan | ne of individual and title, if any) |) | | | | |
|---------|---|--|---------------------------------|------|--|--|--|
| was rec | ceived by me on (date) | | | | | | |
| | ☐ I personally served | the summons on the indiv | ridual at (place) | | | | |
| | r J | | on (date) | ; or | | | |
| | ☐ I left the summons | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | | |
| | , a person of suitable age and discretion who resides there, | | | | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | | | |
| | ☐ I served the summons on (name of individual) | | | | | | |
| | designated by law to a | designated by law to accept service of process on behalf of (name of organization) | | | | | |
| | | | on (date) | ; or | | | |
| | ☐ I returned the sumn | nons unexecuted because | | ; or | | | |
| | ☐ Other (specify): | | | | | | |
| | | | | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | | | | |
| | I declare under penalty of perjury that this information is true. | | | | | | |
| ъ. | | | | | | | |
| Date: | | | Server's signature | | | | |
| | | | Printed name and title | | | | |
| | | | Server's address | | | | |

Additional information regarding attempted service, etc: